

## PCM Frequently Asked Questions

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## Questions about Certification

1. Q: Are staff certified as Practitioners (people who use the system) or only as Instructors (people who teach the system to their staff)?

A: We certify both Practitioners and Instructors. Most facilities seem to prefer to have a group of their own instructors “on-site.” Practitioners may implement the PCM procedures (according their certification level), but they may not teach them to anyone else. Instructors, on the other hand, teach the course to other staff members who may then become Practitioners.

2. Q: Are there different levels of certification?

A: Absolutely! There are currently 6 different levels of Practitioner certification in the PCM system:

Basic Practitioner is certified to use all of the PCM verbal and non-verbal procedures. This certification is for those individuals not requiring physical intervention.

Practitioner is certified to use all of the PCM verbal and non-verbal procedures, personal safety, and transportation procedures.

Practitioner 1 is certified to use all of the PCM verbal and non-verbal procedures, personal safety, and transportation procedures with the addition of vertical immobilizations (holding persons in an upright position).

Practitioner 2 (P) is certified to use all of the PCM verbal and non-verbal procedures, personal safety, transportation procedures, vertical immobilization and prone horizontal immobilization procedures (on a foam mat).

Practitioner 2 (S) is certified to use all of the PCM verbal and non-verbal procedures, personal safety, transportation procedures, vertical immobilization and the supine horizontal immobilization procedures (on a foam mat).

Practitioner 2 (PS) is certified to use all of the PCM verbal and non-verbal procedures, personal safety, transportation procedures, vertical immobilization and both horizontal immobilization (prone and supine) procedures (on a foam mat).

3. Q: Why is there a need for different levels?

A: Different staff members have different physical abilities and different individuals display different levels of aggression. In many instances, some individuals may only require transportation procedures when they are in crisis.

4. Q: What are the benefits of having “on-site” instructors?

A: The benefits of having “on-site” instructors are numerous. First, it is more cost-effective for facilities to train their own practitioners rather than have a representative of PCMA travel to their facility to conduct the course. Secondly, there is an added benefit of having an “expert” at the

facility to answer some of the more difficult crisis management questions that may arise and to help ensure that all PCM procedures are being used appropriately and effectively. Finally, the on-site instructors can help practitioners “brush-up” on their skills in between the yearly re-certifications.

5. Q: Can Instructors train other instructors?

A: No, Instructors can only be trained by a PCM Master Instructor (an employee of PCMA, Inc.). All PCM instructors are “first generation” instructors. This is done, in part, to ensure the quality of every single PCM instructor. PCM Instructors may only certify or re-certify practitioners in the PCM system.

6. Q: What is the Instructor Co-training requirement?

A: A “co-train” is like an apprenticeship. Before we feel ready to “turn loose” a new instructor we want them to feel comfortable with the material and confident in their ability to teach the course. The co-instruction is also done to maintain a standard for teaching the course. PCMA wants all instructors to be consistent in their teaching methods and abilities to the greatest extent possible. Co-instructors are either provided by PCMA or existing instructors may be authorized by PCMA to provide co-instruction based on their experience and expertise in teaching the course. The co-instruction only needs to be done once for any new instructor.

7. Q: Are there any special pre-requisites for someone to be trained as a practitioner or instructor?

A: Practitioners and Practitioner 1 should be reasonably physically fit. They do not need to be “athletes”, they don’t have to be able to run long distances and they don’t need to be of any particular body type or size. They should however be able to walk briskly if necessary for brief periods and should have no problems with their arms or back.

Practitioner 2 (P), Practitioner 2 (S) and Practitioner 2 (PS) should meet the above requirements and they should have no problems with their knees and/or legs that would prevent them from easily getting to a kneeling position OR getting up from a kneeling position unassisted.

Instructor should be even more physically fit than the practitioners because they may have to demonstrate the procedures dozens of times during a single course. Again, they do not have to be an “athlete” but they do have to be in very good physical condition. In addition, Instructors should be very good communicators and, ideally, already have experience in teaching.

8. Q: How long are the various courses?

A: The course length varies depending upon the certification:

Instructor course .....minimum 28 hours (4 days)

Basic Practitioner course .....minimum 6 hours

Practitioner course .....minimum 14 hours

Practitioner 1 course .....minimum 18 hours

Practitioner 2 (P) course .....minimum 22 hours (3 days)

Practitioner 2 (S) course .....minimum 22 hours (3 days)

Practitioner 2 (PS) course .....minimum 22 hours (3 days)

Recertification for Basic Practitioners is a minimum is 3 hours. Re-certification is a minimum of 7 hours for Practitioner's, Practitioner 1's, and all levels of Practitioner 2's. Re-certification for Instructors is a minimum of 8 hours for Instructors.

9. Q: Must the courses be taught in consecutive days?

A: Only the instructor course conducted by PCMA must be done in consecutive days. Although we recommend for instructors to complete the Practitioner course in 3 to 4 days consecutively, it can be split up into several days. However the entire course must not exceed 14 days, so if you started on a Monday, you would have to complete the entire course by the 3<sup>rd</sup> Monday.

10. Q: How large can each class size be?

A: One Instructor may train up to 10 Practitioners, and up to 15 Practitioners may be trained using 2 instructors. This is done to control for the quality of the training and the amount of individual instruction that individuals may receive. PCMA is unable to certify participants when the correct instructor/practitioner ratio is not observed.

11. Q: How long does certification last?

A: Certifications for all levels of Practitioners and for Instructors are good for one year from the time of certification. There is a 3 month grace period however for Practitioners and a 6 month grace period for Instructors.

12. Q: What is re-certification and why must it be done?

A: Re-certification is the process by which PCMA ensures that practitioners and instructors maintain their skills throughout their careers. Re-certification must be done yearly so that people's certifications do not "lapse." At PCMA we feel that crisis management is a vital service for special populations and should be taken seriously. When physical interventions are done improperly they can result in injury and even death. We feel that re-certification helps to protect everyone involved and that it is essentially no different than the re-certification that is required of people who are certified in CPR.

13. Q: What are the criteria for passing the course?

A: Participants must score an 80% or better on a written exam, pass all critical items, complete their performance checklists, pass the practical exam, complete and sign their application and meet the minimum number of hours for the course they attend.

14. Q: What if a person's certification lapses?

A: If a person goes beyond their grace period without re-certification (practitioner or instructor) then they must go through the original certification process again.

15. Q: Who grades the exams?

A: One of the many strengths of the PCM system is that PCMA makes the determination as to whether or not practitioners should be certified to practice, much in the same way that no hospital can certify a physician, it must be a state or federal board. By determining whether or not individuals pass and by issuing the certification, PCMA helps maintain rigorous certification standards. These standards would no doubt be altered if each individual facility were responsible for determining eligibility for certification. Having an independent organization maintaining the certification helps to prevent the accountability and quality control problems that can arise from "in-house" forms of crisis management systems that have no external controls or balances.

16. Q: What happens if someone fails the exam?

A: Sometimes, students will fail to meet criteria on their examination. In that event, you will be contacted by PCMA and you may then make a request for a re-training package.

17. Q: How long does it take for PCMA to grade materials

A: Once received at our offices it takes about 2-3 days to process materials and put them in the mail. Once graded however results are made available immediately over the internet. This way, Instructors can check our website for results.

18. Q: What is a "re-training" and how does it differ from re-certification?

A: The retraining is given when a student fails to meet criteria on either the written or the practical examination. It involves the request for re-training materials, a minimum of 3 hours of instruction, and the re-administration of the written and/or practical exams. Retraining is an option if a student scores at least between 60% to 79% on the written examination.

19. Q: What is the process for re-certification?

A: Practitioners and Instructors must be re-certified annually. Instructors must attend a PCM Instructor re-certification course that is a minimum of 8 hours and is typically taught in 2 days. Practitioners must attend a course that is a minimum of 7 hours. Both Participants and Instructors are tested again and complete a "refresher" performance checklist.

20. Q: If I am a PCM Instructor can I train outside of my facility?

A: In general, Instructors are only certified to train individuals at their own facility. With the appropriate qualifications however (a master's degree and/or certain experiential requirements) some instructors may be allowed to certify individuals at other facilities as well. Instructors interested in training outside of their facility should contact the PCMA to confirm eligibility.

21. Q: Do our staff receive certificates?

A: Yes, both Practitioners and Instructors receive certificates from PCMA that verify their date of training, level of certification and certification expiration date.

### Questions About Costs

1. Q: What are the costs for Instructors and Practitioners?

A: For individuals taking a PCM Instructor course at a PCMA training facility, the cost is \$ 925.00. For Practitioners taking the course directly from PCMA, the cost is \$ 395.00 per person. Most facilities find it preferable to have some of their employees trained as instructors as it is more cost effective. These costs include all training materials, paperwork processing, data entry, and issuance of the certificate. If a facility trains its own employees (as Practitioners) then the cost for each Practitioner is \$ 30.00 for each packet of training materials. For information on group costs and off site courses (at your facility or location), please contact PCMA for an individualized cost proposal.

2. Q: Is there a minimum number of Instructors we must send for training?

A: Any given facility should send at least 2 Instructors for training, unless there are extenuating circumstances. The primary reason for this is to better maintain the integrity of the of the PCM system. When Instructors practice completely on their own there is a greater chance of what we call "drift" which is simply small deviations over time from the way a person was taught to do something. With two Instructors, the chances of drift are minimized because the Instructors have "a second opinion" if you will. Furthermore, if there is only one Instructor and they leave the facility to seek other employment there will be no one there to perform additional training or re-certification. Although the facility can always send another staff member to be certified as an Instructor, this takes time and PCMA may not be offering a class at the time when the facility needs it most. Even if one of the Instructors does not plan to do most of the teaching, they can always take over for the other Instructor if they become ill or there is some other emergency. This way classes do not have to be canceled.

3. Q: What are the re-certification costs for Instructors and Practitioners?

A: Re-certification packets are \$ 17.00 for each practitioner. The re-certification course for Instructors at a PCMA training facility is currently \$ 145.00. Please contact PCMA for costs related to group recertification or off site courses (at your facility or location).

4. Q: What are the costs for re-training someone who has failed the course?

A: Re-training packets are \$ 12.00 for each practitioner. Recall that this is only necessary when someone fails to pass the course. The “Fail rate” for most Instructors is less than 20%.

5. Q: Are there any additional costs in using the PCM system?

A: Most facilities purchase a number of PCM mats based on their size and need. The mats are currently 185.00 dollars. They are specifically designed for PCMA by the largest mat manufacturer in North America. They are fire retardant, bacteria resistant, lightweight, double stitched and contain a specific resiliency of closed-cell polyurethane foam and meet our dimensional requirements. The mats are bi-fold and have handles stitched onto them for ease of transport. Mats are unnecessary however if your facility is not going to train anyone higher than the Practitioner 1 Level of certification (these individuals may not implement the prone procedure which requires a mat).

Additionally, there may also be costs associated with co-training for new PCM instructors. If at all possible, PCMA will try to minimize any cost associated by the co-training requirement by determining if there are any PCM instructors with co-training authorization in your area. Please speak with a PCMA representative for specifics.

6. Q: How do these costs compare with other nationally known crisis management systems?

A: Our costs for instructor and practitioner training are comparable to other nationally known systems of crisis management. With PCM however you also get the peace of mind that we are partners with you while you use our product and provide technical support and consultation. We also provide our database of certification information on the internet so that you can know in the click of a button which of your staff are trained, what their test scores were, what materials were missing from the packets, and when their current certification expires.

#### Overall System Questions

1. Q: Which populations are appropriate for PCM?

A: PCM can be used with children, adolescents, and adults. It doesn't matter if the individuals have good, poor, or no verbal skills at all. Unlike other crisis management systems, PCM gives effective strategies for intervening with persons over a wide range of intellectual functioning.

2. Q: Does PCM teach the use of mechanical restraint?

A: Many facilities feel the need to use mechanical restraint in certain situations, or even a time-out room. PCM does not teach any methods of mechanical restraint, nor does it cover how to place individuals in mechanical restraint. We feel that these matters are best left to individual facilities and their state and local policies on the matter.

3. Q: Does PCM teach any carrying procedures?

A: In the PCM system, we transport individuals by having them walk with assistance so that they may be able to eventually begin walking on their own. When people are carried like objects they can



become de-humanized and are no longer part of the transportation process. Our philosophy is that a person who will not move off the ground is no longer a threat to others. In PCM practitioners are taught to step back slightly and monitor the individual. In most instances the individual will clam themselves. If they get up to become aggressive we begin to transport them again. If they become self injurious on the ground we place them on a mat. Many systems employ a “carry” procedure, but we and our customers have found such procedures unnecessary.

4. Q: Does PCM include horizontal procedures as optional methods of restraint?

A: Yes, PCM does have an optional prone (downward facing) immobilization procedure and an optional supine (upward facing) immobilization procedure in addition to forms of vertical (standing) immobilization procedures. These procedures are only used as allowed and approved, and only as a “last resort” when the other less restrictive PCM procedures have been proven to be insufficient to contain the current level of aggression. Some organizations are prohibited from using prone holds, and use the option of supine. Other PCM user organizations use only vertical procedures and some others use no hands-on physical procedures at all.

5. Q: Are prone restraints inherently dangerous?

A: This is a good question and an important one. Prone (face down) restraints are not inherently dangerous, but individuals have most certainly died during prone procedures. Being held in a prone position (when done properly) is no more dangerous than lying on your stomach on your bed. True, for some individuals with particular types of heart conditions or other medical contraindications, ANY KIND OF STRUGGLING AGAINST RESISTANCE might be dangerous for that person. *If a facility has concerns about a particular individual, that person should have a thorough medical evaluation to determine the appropriateness of any kind of physical intervention be it a prone procedure or any other kind of procedure.*

There are some ways of holding people in a prone position that are dangerous and PCM avoids all of these potentially dangerous factors. Here are a few:

- 1) Procedures in which the practitioners “straddle” the body of the individual or ones in which the practitioners are in contact with the torso. Applying pressure to the torso compresses the ribcage and with each exhale, the volume of air that can be taken into the lungs is progressively restricted to the point of asphyxiation. Also, procedures in which the practitioners cross over the torso but do not touch it, when the practitioners become tired they may begin to lay on the person because of muscle fatigue.
- 2) Procedures in which the person is held down against a hard surface
- 3) Procedures that are implemented by only one person
- 4) Procedures that do not have EXTREMELY CLEAR RELEASE CRITERIA.
- 5) Finally, some systems do not even teach a prone procedure because they feel that it is unsafe to do so. Unfortunately, what often happens is that when a standing procedure cannot stabilize the person in crisis people will invariably end up on the floor. At this point, even a well intentioned staff member may “improvise” their own hold to try to protect the individual and this can be very dangerous indeed. In fact, lawsuits have been filed (and won) for this very reason (Elliot Vs. Richmond Area ARC).

There is also some evidence that individuals with large hyper extended abdomens (a beer belly) may be at risk of positional asphyxia during a prone procedure as the pressure of the abdomen against the diaphragm may reduce the person's ability to fully move their diaphragm. To date there have never been any fatalities during any PCM prone procedure, and this is spanning a period of more than 20 years. If you have an internet connection, please click [here](#) for our position paper on the importance of prone immobilization and why it can be performed safely.

6. Q: What alternatives to prone restraint does PCM offer?

A: Most crises can be resolved using PCM transportation procedures or vertical immobilization procedures and supine immobilization. Many of our organizations find it completely unnecessary to train staff above the level of Practitioner 1 (they are not authorized to use the prone procedure).

7. Q: Is PCM safe?

A: For over 25 years, PCM physical interventions have never produced any fatalities. All of the information contained in this document is evidence of the lengths that we go to in order to ensure that our procedures are as safe as possible. There is always the possibility of an injury during any physical intervention in any system. This is the nature of intervening with individuals who are aggressive or self-injurious at very high levels. We find however that when all of our safeguards are observed and policies and procedures followed that the likelihood of major injury is extremely small.

8. Q: Why is the use of a mat necessary for horizontal procedures?

A: This is another way to ensure the safety of the individual, as well as protect their dignity, and to ensure effectiveness of the procedure in stabilizing crisis behaviors. Although Practitioners are taught to gently lower an individual to the mat, should they trip or fall, no one gets injured (staff or consumers/students) because the mat can absorb a tremendous amount energy. The mat also protects the individual's dignity by showing them that we care about them enough that we would not put them on a hard, dirty, floor. We place them on a clean, comfortable mat. Finally, the effectiveness is ensured by allowing us to safely hold the individual against the mat without fear that we are causing them pain or discomfort. Using a mat reflects your facility's commitment to provide safe and dignified interventions. Please click [here](#) for more information on the importance of using a mat.

9. Q: Isn't it difficult to have a mat everywhere?

A: A good question, and a practical one. We have found that facilities have no problem keeping mats nearby in key areas of their facility where problems may happen often. The mats are easily transportable (you can even run with one), they fold in half and they have handles. In PCM you can either transport the person to the mat or you can stabilize the person in a standing position and

wait for someone to bring you a mat. Although there are occasional “emergencies” in which no one expected the behavior at all, in clinical practice, most staff members know which individuals show a high probability of showing crisis behaviors and often can even predict when they will happen!

10. Q: Is PCM a “stand-alone” treatment like a behavior program?

A: PCM was not designed to be used “in a vacuum,” that is, the information taught in the PCM course was designed to integrate smoothly with existing treatment programs and was not designed to be a “stand alone” behavior management system.

11. Q: We have no structured treatment system, can we still use PCM?

A: Do you have a schedule, a daily list of activities, do you teach people new adaptive skills? If your answer is yes to some or all of these, then PCM can be used with your existing teaching and routines. Remember, PCM is not simply physical holding when people are in crisis, this is a last resort. The PCM curriculum emphasizes that crises should be prevented in a pro-active manner. True, you can safely contain people in crisis and protect them from themselves and protect others, but “putting out fires” will not move your consumer/students in a forward direction.

12. Q: How many other facilities use PCM?

A: Please click [here](#) for a listing of the types and locations of various facilities that use PCM. There is a short list of some of the facilities, but we are used in over 300 different facilities spanning 26 States.

13. Q: Could I speak with a current PCM user who works with a population similar to mine?

A: Absolutely, simply [contact us](#) first with a request a contact person working at a facility similar to yours and we will be happy to arrange for a telephone contact with a current customer of our services.

14. Q: We are still comparing systems, is it possible for a representative of PCMA to give a presentation at our facility?

A: Yes, please [contact us](#) to schedule a presentation. We typically request a minimum of 2 hours for a presentation and ask that all key decision makers and clinicians be present.

15 Q: Why does the PCM system have such rigorous requirements?

A: All of the requirements of the PCM system have evolved over the past 23 years based upon a commitment to provide the finest crisis management system available. All of our policies and procedures are in place to protect the integrity of the system, the safety of the individuals who need crisis management, and to protect the reputation of the facility using our system. These policies and procedures have also been developed to decrease the likelihood of successful litigation against a facility. Crisis management is serious business and there are inherent risks any time that one person puts a hand on another person. Our goal is decrease these risks as much as possible. No one can

stop the threat of litigation, or unwanted publicity but at least a facility can show that they have taken all the steps possible to ensure that the people they serve are treated safely and humanely and that their staff was properly trained. PCMA staff members have provided expert testimony on a number of law suits and we are extremely sensitive to the kinds of things that cause injury, litigation and large settlements. This is why we have so many conventions in our system and our customers are ultimately very happy that we do!